|   |  | <del></del>                               |                |   |              |                  |              | _          |                        |                |                     |                        |
|---|--|---|----------------|---|--------------|------------------|--------------|------------|------------------------|----------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Application or Doc |  |   |                |   |              |                  |              |            |                        | ocket Num      | ber                 |                        |
|   |  | Effect                                    | ive Octob      | er 1, 20                                    | 000          |                  |              |            |                        |                |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                  |  |   |                |   |              | SMAL<br>TYPE     | L EI         | NTITY      | OR                     | OTHER<br>SMALL |                     |                        |
| TOTAL CLAIMS  |  |   | 29             |   |              |                  | RA           | Ε          | FEE                    | 1              | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED   |   | NUMBER EXTRA |                  | BASIC        | FEE        | 355.00                 | OR             | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 29 minus 20= * |   | *            | 9 x              |              | 9=         | 81,0                   | OR             | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 = *    |   |              | 2                | X40=         |            |                        | OR             | X80=                |                        |
| MU  | MULTIPLE DEPENDENT CLAIM PRESENT   |   |                |   |              |                  | +13          | 5=         |                        | OR             | +270=               |                        |
| * If  | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                |   |              |                  |              |            | 436                    | OR             | TOTAL               |                        |
|   | CLAIMS AS AMENDED - PART II  |   |                |   |              |                  |              | OTHER THAN |                        |                |                     |                        |
|   |  | (Column 1)                                |                | (Colur                                      |              | (Column 3)       | SMA          | \LL        | ENTITY                 | OR             | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA | RA           | Έ          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus          | **  |              | =                | X\$ :        | =          |                        | OR             | X\$18=              |                        |
| ١ME   | Independent  | *   | Minus          | ***   |              | =                | X40          | )=         |                        | OR             | X80=                |                        |
| <b>4</b>  | FIRST PRESE  | NTATION OF MI                             | ULTIPLE DEF    | PENDENT                                     | CLAIM        |                  | +13          | 5=         | ·                      | OR             | +270=               |                        |
|   |  |   |                |   |              |                  | TC<br>ADDIT. | TAL<br>FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                | (Colui                                      |              | (Column 3)       | <u> </u>     |            |                        | _              |                     |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID               | BER<br>OUSLY | PRESENT<br>EXTRA | RAT          | Έ          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  | *   | Minus          | **  |              | =                | X\$ 9        | <b>)</b> = |                        | OR             | X\$18=              |                        |
| <b>AMENDMENT</b>  | Independent  | *   | Minus          | ***   |              | =                | X40          | )=         |                        | OR             | X80=                |                        |

|             |  | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |  |  |  |  |
|-------------|--|---|-------|---|------------------|--|--|--|--|
| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |  |  |
| ΨQ.         | Total  | •   | Minus | **  | =                |  |  |  |  |
| Ä           | Independent                                    | *   | Minus | ***   | =                |  |  |  |  |
| 4           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |  |  |  |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

ADDI-

+135=

TOTAL ADDIT. FEE

+270=

TOTAL ADDIT. FEE

ADDI-

**AMENDMENT A** 

AMENDMENT B

TIONAL **TIONAL RATE RATE FEE** FEE X\$9=X\$18= OR X40= X80= OR +270= +135= OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.